

# **SOCIAL SAFETY NETS AND DISABILITY**

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# OUTLINE

- ▶ What is social protection?
- ▶ What is disability?
- ▶ Social protection and disability: how do they intersect?
- ▶ Social safety net/social assistance and disability
- ▶ Disability assessment

# **WHAT IS SOCIAL PROTECTION?**

# WHAT IS SOCIAL PROTECTION?

- ▶ **Public policies** that help people face economic and social difficulties they experience throughout their lives and enable them to take greater advantage of economic opportunities.
- ▶ **Basic Premise:** Individuals and households are responsible for their well being,
- ▶ **But**, even in the wealthiest and the most developed and inclusive societies, some face poverty, vulnerability, marginalization and even destitution.

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- ▶ Most people rely on market institutions, as well as informal—family and community based—support mechanisms.
- ▶ But, markets are not perfect and informal mechanisms may be insufficient and/or inadequate.
- ▶ Essential to have public programs that strengthen individuals' and households' capacity to deal with difficulties.

# CORE FUNCTIONS OF SOCIAL PROTECTION



# RESILIENCE

***Building resilience to shocks:*** protects against drops in well-being from income and expenditure shocks - enables consumption smoothing over life cycle

- ▶ Performed through ***social insurance programs*** that lower/mitigate the impact on individuals and families from income shocks due to unemployment, old-age, survivorship and disability.

# EQUITY

**Improving equity** by protecting individuals and families from destitution and catastrophic losses of human capital.

- ▶ Achieved through a range of ***social assistance or SSN programs targeted at poor and vulnerable HHs:***
  - ▶ cash transfers (conditional and non-conditional),
  - ▶ school feeding,
  - ▶ targeted food assistance,
  - ▶ price subsidies and
  - ▶ social care and welfare services.
- ▶ These programs reduce harm from acute inequality.

# OPPORTUNITY

## ***Improving opportunities for labor market inclusion***

- ▶ Performed through ***active labor market programs*** such as job search services, career counseling and training and skills re-tooling programs.
- ▶ Often integrated with other SP programs (e.g. conditional cash transfers incentivize investments in human capital by promoting demand for education and health).

# **WHY PUBLIC INVOLVEMENT IN SP?**

- ▶ market failure,
- ▶ negative externalities,
- ▶ asymmetric information;
- ▶ Some intervention – for instance, some social services are “prescribed” (obligatory)

**Higher welfare of the overall society**

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Some social protection programs are **public good**:

- consumption by one individual does not reduce the consumption by others, and
- no one can be effectively excluded from consumption

## **2. WHAT IS DISABILITY?**

# UNDERSTANDING DISABILITY

- ▶ **What is disability?** Disability refers to the negative aspects of the interaction between individuals with a health and personal and environmental factors (such as negative attitudes, inaccessible transportation and public buildings, and limited social supports) – WHO ICF 2001/ CRPD
- ▶ **Disability is part of human experience**, and almost everyone will be temporarily or permanently impaired at some point in life; those who survive to old age will likely experience increasing difficulties in functioning.
- ▶ **Disability is complex**, and the interventions to overcome the disadvantages associated with disability are multiple and vary with the context.

# DISABILITY: GLOBAL PICTURE

## **Disability is an important public health issue**

- ▶ 1 billion people (15% of the world's population) in 2004 lived with some form of disability; of them, about 185 million or 3% of the world's population experienced very significant difficulties in functioning (WHO/WB 2011).

## **Growing numbers**

- ▶ The number of people with disabilities is growing as populations are ageing and chronic health conditions associated with disability, such as diabetes, cardiovascular diseases, and mental illness are increasing.

# INEQUALITIES

## **Disproportionately affects vulnerable populations**

- ▶ People from the poorest wealth quintile, women, and older people also have a higher prevalence of disability
- ▶ People who have a low income, are out of work, or have low educational qualifications are at an increased risk of disability
- ▶ Children from poorer households and those in ethnic minority groups are at significantly higher risk of disability than other children
- ▶ Higher disability prevalence higher in low income countries than in higher income countries.

# DISABILITY DISADVANTAGE

Widespread evidence on disabling barriers

- Inadequate policies and standards
- Negative attitudes
- Lack of or inadequate services
- Problems with service delivery
- Inadequate funding
- Lack of accessibility
- Lack of consultation and involvement
- Lack of data and evidence

# DISABLING BARRIERS

- ▶ Design of mainstream policies does not always take into account the needs of people with disabilities, or existing policies and standards are not enforced.
- ▶ Beliefs and prejudices constitute barriers to education, employment, health care, and social participation.

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- ▶ Poor coordination of services, inadequate staffing and weak staff competencies affect the quality, accessibility and adequacy of services for persons with disabilities.
- ▶ The lack of effective financing is a major obstacle to sustainable services across all income settings. In many low-income and middle-income countries, governments cannot provide adequate services and commercial service providers are unavailable or not affordable for most households.

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- ▶ Many built environments (including public buildings), transport systems and information and ICT are not accessible to all.
- ▶ Lack of access to transportation is a frequent reason for a person with disability being discouraged from seeking work.
- ▶ Many people with disabilities are excluded from decision-making in matters directly affecting their lives, for example, where people with disabilities lack choice and control over how support is provided to them in their homes.

# OUTCOMES OF DISABLING BARRIERS

- Poorer health than the general population
- Lower educational achievements
- Less economic participation
- Higher rates of poverty
- Increased dependency and reduced participation

# ADDRESSING DISABILITY DISADVANTAGE

*World Report on Disability* gives 9 overarching recommendations. Two are particularly important:

1. Enable access to all mainstream policies, systems and services.
2. Invest in specific programmes and services for persons with disabilities.

# WORLD REPORT ON DISABILITY



World Health Organization



THE WORLD BANK



### **3. SSN AND DISABILITY**

# RELEVANCE

- ▶ The functions of SP/ SSN are even more relevant for individuals and families at risk of disability or with disabilities, because of the empirically observed disability disadvantage.
- ▶ Overcoming disability disadvantage in SP? SSN: Making sure that disabled individuals and families are not excluded from mainstream SP/ SSN programs/ ensuring that those excluded are included.

# SSN AND DISABLED PEOPLE

- ▶ Many countries provide safety nets to poor people with disabilities and their households, either through specific disability-targeted programmes or, more commonly, through general social assistance / SSN programmes.
- ▶ While there are some specific disability related programs – at home help, or personal assistance, mainstream solutions are preferred as more cost-effective.
- ▶ It is important to make sure that persons with disabilities have equal access to mainstream SSN programs like other households.

# BARRIERS TO MAINSTREAM SSN PROGRAMS

- ▶ Systematic evidence is lacking, but anecdotal evidence suggests that PwD may face barriers to accessing safety nets when, for example:
  - ▶ information is inadequate or inaccessible,
  - ▶ the welfare offices are physically inaccessible,
  - ▶ or the programmes' design features do not take into account specific needs of disabled people (extra cost of living with a disability, specificities when designing conditional cash transfers).
- ▶ Appropriate measures may be needed to ensure that mainstream safety net programs are inclusive of disabled people.

# ADDRESSING THE BARRIERS

- ▶ Information about programmes should be accessible and reach the intended recipients. This may require targeted outreach;
- ▶ Proxies designated by persons with disabilities should be allowed to conduct many of the transactions in accessing programmes;
- ▶ The welfare offices, as well as the transport system, need to be accessible;
- ▶ Programmes' eligibility criteria may need to specifically include disability;
- ▶ Means testing mechanisms may need to take into account the extra costs of disability;

# ADDRESSING THE BARRIERS

- ▶ Cash transfers might provide higher payments to beneficiaries with disabilities to help with extra costs of living with a disability;
- ▶ Conditional cash transfers may need to be adjusted to specific circumstances of children with disabilities;
- ▶ Workfare can introduce quotas and be sensitive to disability;
- ▶ Labour activation measures should be sensitive to disability.

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- ▶ Some countries, such as Albania, Bangladesh, Brazil, China, Romania, and the Russian Federation also have specific programmes targeted at people with disabilities. The design of these programmes varies. In some cases they cover all disabled people, in other cases they are means tested, or targeted at children with disabilities.
- ▶ They may be costly, as they often overlap with each and other similar/ same SSN programs and the number of beneficiaries and spending tend to increase very fast.
- ▶ **Good guiding principles: avoid duplication and fragmentation, because they inevitably results in ineffective use of scarce public resources.**

# DISABILITY SPECIFIC SSN PROGRAMS

- ▶ In addition to mainstream programs, some disability specific interventions may be needed:
  - ▶ Poor and low income disabled people not covered by social insurance may need help with rehabilitation and assistive devices;
  - ▶ Low income disabled persons may need help to make changes in their homes to accommodate them their needs
  - ▶ Poor and vulnerable severely disabled people with no family members to care for them may need assistance and attendance support, which may take a form of cash allowance or direct service provision;
  - ▶ Some, particularly those with intellectual disabilities, may need permanent living assistance arrangements;
  - ▶ Families carrying for their disabled members may need assistance and support, such as respite care, training, psycho-social support, etc.
  - ▶ Services are a crucial element in activation and graduation efforts.

# IMPACT

- ▶ Empirical evidence on the impact of safety nets on people with disabilities is limited: lack of data.
- ▶ While they may improve health and economic status, it is less clear whether access to education also improves.
- ▶ For safety nets to be effective in protecting disabled people, many other public programs in other sectors need to be in place, such as health, rehabilitation, education and training and environmental access.

# SOCIAL WELFARE & CARE SERVICES (SW&C) FOR PERSONS WITH DISABILITIES

- ▶ An important part of social safety net programs for PwD.
- ▶ Many poor and vulnerable PwD require a good combination of cash and social care interventions for positive welfare outcomes.
- ▶ Note:
  - ▶ In some cases cash assistance may not be needed,
  - ▶ In many cases of poverty SW&C services may not be needed.
- ▶ SW&C care services are a crucial element in graduation and activation programs (cash alone will never deliver desired outcomes).

# TYPES OF SW&C SERVICES

- ▶ Two basic groups:
  - ▶ statutory services - gate-keeping: related to referral, case assessment, care plan and case management and allocation of resources, and
  - ▶ concrete social work and care services: span great variety of services: shelters, long term care, psycho-social counseling, family therapy, orphan homes, foster care, life skills development, home care support, group homes for children with disabilities, independent living centers, rehabilitation for persons with disabilities, vocational skills development, care and support to juvenile offenders, ...
- ▶ Exist in all countries (in some countries, particularly low income, they are the only form of social assistance provided)
- ▶ The size, complexity and models of provision differ greatly, reflecting institutional and resource capacity (think a range spanning from highly regulated, complex care service systems to scattered services provided by faith based organization or other CSOs with minimal or no government involvement)
- ▶ SW&C services require skilled and trained staff (even those that look simple) and some are highly technical (psycho-social therapy, rehabilitation services, etc.)

# SW&C SERVICES: KEY FEATURES

Organization and delivery of SW&C services has five key features/aspects:

- ▶ Gate-keeping
- ▶ Regulations and (reasonable) standards
- ▶ Organization of service delivery
- ▶ Financing modalities
- ▶ Range and continuum of services
- ▶ Monitoring and evaluation

# KEY FEATURES: GATE-KEEPING

- ▶ Decision-making and allocation of resources: performed by statutory services;
- ▶ Most often performed at the municipal level
- ▶ Public function (allocation of resources)
- ▶ Based on various laws (family law, civil code, etc.)
- ▶ Key elements:
  - ▶ Referrals to statutory service agency (by schools, police, court, social workers, communities, families...)
  - ▶ Case assessment and evaluation: multidisciplinary approach (social workers, lawyers, medical doctors, psychologists, educators, rehab specialists...)
  - ▶ Case plan and case management
  - ▶ Secondary referrals to services – case plan implementation
  - ▶ Case progress reporting, monitoring and periodic assessment

# KEY FEATURES: REGULATIONS AND STANDARDS

- ▶ Regulations: rules of the game: what, when and who (in most regulated by laws – for instance, removal of a child from a family is most often regulated by a family code).
- ▶ Standards (reasonable – fit for the context) pertain to:
  - ▶ the physical and HR requirements (premises, equipment, staff composition and qualifications and skills, etc.)
  - ▶ Service standards – staff code of conduct and content of services (some aspects are highly technical – inadequate services can do more damage than deliver benefits)
  - ▶ Complex, needed for various types of services and institutions delivering them.
  - ▶ Normally issued by a government body.

# KEY FEATURES: ORGANIZATION OF SERVICE DELIVERY

- ▶ Most of the SW&C services in most of the countries are delivered by public/ state organizations/ institutions – statutory services are public function
- ▶ They can also be delivered by non-for profit service providers, as well as profit based providers
- ▶ For publicly financed services: issues related to contracting out, public procurement, and monitoring.

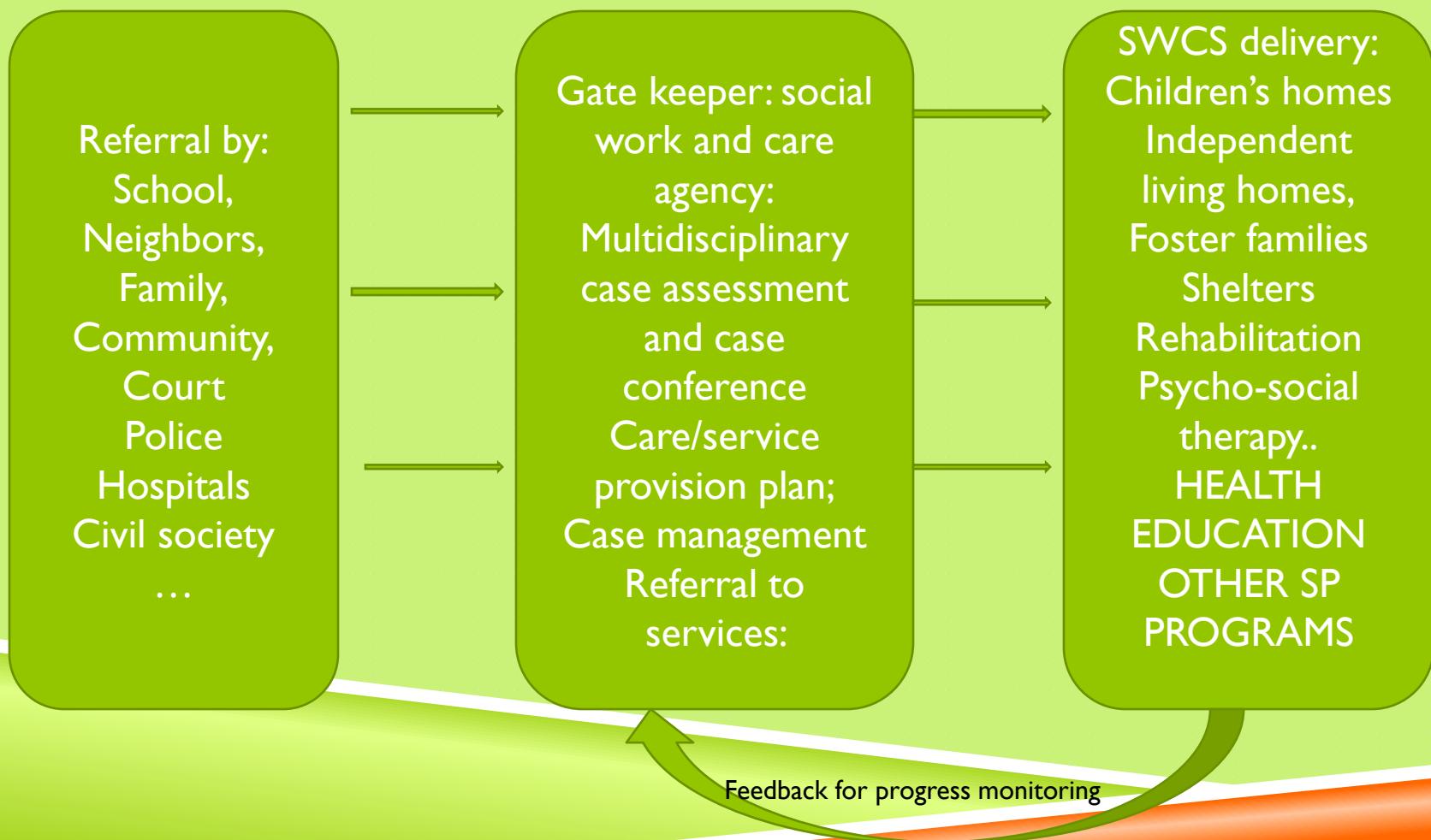
# KEY FEATURES: FINANCING MODALITIES

- ▶ Financing through state owned service delivery institutions and organizations – most common
- ▶ Financing through contracting of non-profit and profit based service providers
  - ▶ in most countries relatively new;
  - ▶ there are many issues with referral, performance, contracting and procurement, quality of services, etc.
  - ▶ Require excellent capacity in responsible government agencies

# KEY FEATURES: RANGE AND CONTINUUM OF SERVICES

- ▶ Range of services: cases often require a range of services, e.g. a simultaneous involvement and services provided by various sectors: health, education, social protection
- ▶ The services also have to be available as a continuum – as cases evolve, their needs evolve as well elements for successful outcomes.

# FLOW OF SERVICES



# SW&C SERVICES: RECENT TRENDS

- ▶ Family orientation, community based delivery
- ▶ Away from long term institutional placement (better outcomes) – complicated and complex transition
- ▶ Smaller facilities in community (group homes, educational inclusion)
- ▶ Range and continuum of services
- ▶ Monitor and adjust the case plan
- ▶ Listen to the users (involve them in decision on services)

# CONTEXT SPECIFIC

- ▶ Actual service delivery architecture will depend on country specific contexts.
- ▶ More developed countries have more regulated and elaborate systems.
- ▶ Less developed countries may rely more on community based rehabilitation initiatives and service delivery through civil society providers – even in their case, the rules of the game, even basic are needed for good outcomes.

# DISABILITY CERTIFICATION

- ▶ Administration of SSN disability benefits requires formal assessment/ certification of disability.
- ▶ Many formal assessment processes still use predominantly medical criteria, though there has been a move towards adopting a more comprehensive assessment approach focusing on functioning and using the *International Classification of Functioning, Disability and Health* framework.

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- ▶ Combination of medical and functioning assessment and focus on what people can do and should be done to maximize functioning.
- ▶ A single system with consistent criteria better than multiple assessment systems.
- ▶ More research is needed to better understand what works with regards to disability assessment and to identify good practice.

# IMPACT

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- ▶ While they may improve health and economic status, it is less clear whether access to education also improves.
- ▶ For safety nets to be effective in protecting disabled people, many other public programs in other sectors need to be in place, such as health, rehabilitation, education and training and environmental access.

# TAKE AWAY MESSAGES

- ▶ Mainstreaming (systematic inclusion in mainstream services and benefits) preferred solution to specific programs: more efficient and cost-effective.
- ▶ Some disability specific services for some people with disabilities are needed as well.
- ▶ Fix disability assessment first
- ▶ Enable functioning and participation – focus on what people can do.
- ▶ Open up your mind.

# THANK YOU!

